Blacklick Valley School District Emergency Procedure Card

Pupils Name: _____Date of Birth:_____
(Last) (First) (Middle)

Teacher:_____Grade:_____

Mailing Address:_____Home #:_____

Student resides with ***(please circle one if other, please specify)***:
PARENTS, PARENT-mother, PARENT-father, other: _____

Father's Name:_____Contact #:_____Secondary #:_____

Mother's Name:_____Contact #:_____Secondary #:_____

Custody Papers have been provided and are on file at the school? Yes No N/A (***please circle one)***
Should second parent receive school mailings, report cards, etc? If so please provide address:
_____

Father's Email: _____ Mother's Email: _____

In my absence the following persons are authorized to act for me in the above respect in behalf of my child:

1. _____Phone:_____
2. _____Phone:_____
3. _____Phone:_____
4. _____Phone:_____

In the event of a minor illness, may the school give your child Tylenol, Motrin, Antacid, Etc…? *Please note medication will only be administered by the nurse while she is in the building. If your child requires medication after the scheduled time, you will be notified*. Yes No ***(please circle one)***

List anything about the physical health of the student that the school should know, even if this is the same from previous years. If the student suffered from a previous ailment (ex, Asthma) and no longer requires treatment (ex: discontinued use of inhaler) please alert the school of this as well here:
_____
_____

Does the pupil have an allergy to foods, medications, insects, etc..? Yes No ***(circle one)***
If yes, please explain:
_____

If emergency treatment is required can the school authorities use their own judgement in sending the pupil to the hospital or doctor most accessible before parents and guardians can be reached? YES NO **(*circle one)***

Family Physician Name and Contact information:
_____

Ambulance Service:

Signature of Guardian: _____ Date:_____